

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10806228 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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31		1				
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39		12				
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50						
TOTAL IND.	11					
TOTAL DEP.	13					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						